BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	IMAGE FORMING SY	STEM						
Fill in Appropriate	the specification of wh	uch is attached	hereto. If not attached her	eto,				
Information -	the specification	was filed on				as		
For Use Without	United States Ap	plication Numb	per			;		
Specification	and amended on				(if applicable)	and/or		
Attached:	the specification	was filed on				asPCI		
	amended on					plicable)		
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as							
	amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal							
	Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal							
	representative or assi patent or inventor's or application by me or r	date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having						
	I hereby claim for inventor's certificat a filing date before that	preign priority be e listed below a at of the applica	oenefits under Title 35, Un Ind have also identified be Ition on which priority is c	nited States Code, §119(a)-(d) of any low any foreign application for pat laimed:	y foreign application ent or inventor's cert	(s) for patent ificate having		
Insert Priority	Prior Foreign Appli	ication(s)			Priority C	Claimed		
Information:	2002-259824	Japan		September 5, 2002				
(if appropriate)	(Number)	(Country	·)	(Month/Day/Year Filed)	Yes	No		
	2002-259844	Japan		September 5, 2002	Ø			
	(Number)	(Country	·)	(Month/Day/Year Filed)	Yes	No		
					Ö			
	(Number)	(Country	7)	(Month/Day/Year Filed)	Yes	No		
	(Number)	(Country	·)	(Month/Day/Year Filed)	□ Yes	□ No		
	I hereby claim the ben	efit under Title	35, United States Code, §	119(e) of any United States provisio	nal applications(s) li	sted below.		
Insert Provisional								
Application(s): (if any)	(Application Number)		(Filing Date)				
	(Application Number)		(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number	Date of Filing (M	Ionth/Day/Year)			
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below an insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PC application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to discloinformation which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.					and/or PCT		
Insert Prior U.S.	74 1: :: > .		(Ed. D.)		1 . 1:			
Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patente	d, pending, abandon	ea)		
Page 1 of 3	(Application Number)	(Filing Date)	(Status - patente	d, pending, abandon	ed)		

Attorney	Docket	No	
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I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

+	37, 1				
Full Name of First or Sole Inventor. Insert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	Toshiki OHGITA	Joshiki Ohgita	July, 25, 2003		
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see above	Kiyoshi TOKISHIGE	Kiypshi Jokishig	CITIZENSHIP July 25, 2003		
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Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Naofumi OKADA	INVENTOR'S SIGNATURE			
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Full Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
see above	Masaki SAKA	Masaki Saka	July. 25. 2003		
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	7-241, Yurigaokahigashi Nabari-shi	MIE DIO-0411 naban			

Attorney	Docket No.		
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Full Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Toyoaki NANBA	Toyoaki nas	rla_	Tuly 25, 2003	
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Full Name of Eight Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
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	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	<u> </u>		
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENSHIP		
,	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)	· · · · · · · · · · · · · · · · · · ·	CITIZENSHIP		
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Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
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	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Truirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENSHIF	,	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	L		

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*DATE OF SIGNATURE